

# Reproductive Care Center

## DONOR EGG PAYMENT AGREEMENT

We have chosen to start a donor egg cycle in 2009 or to begin our Donor Egg Money Back Guarantee Package Plan with our first cycle beginning in 2009 and have had the payment options explained to us. We understand that we must choose from the following options:

- (1) **Donor Egg Money Back Guarantee Package Plan.** We have selected and qualify to participate in the Donor Egg Money Back Guarantee Package Plan. Exclusions such as medication and anesthesia charges have been explained to us. We understand that the minimum price will be \$34,570 (base price) **plus any premiums that are determined to apply.** We understand that if we chose the nonrefundable donor egg single cycle fee an additional fee will be assessed for each fresh donor egg IVF cycle. We understand that if we have not been honest in fully disclosing any known risk factors, that our contract can be cancelled with no refund.
- (2) **Global Donor Egg Single Fresh IVF Cycle Fee** package of \$18,342 (exclusions such as medication and anesthesia charges have been explained to us). This is a pre-paid cash discount package for a single treatment cycle. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Lupron or FSH.
- (3) **Global Donor Egg Single Fresh IVF Split Cycle Fee** package of \$12,738 (exclusions such as medication and anesthesia charges have been explained to us). We understand that we may be the primary or the secondary recipients. This is a pre-paid cash discount package for a single treatment cycle. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Lupron or FSH.
- (4) **Insurance billing (RCC contracted Health Insurance Carrier).** All appropriate charges will be itemized and billed to insurance. RCC requires a down payment, which is determined based on our estimated insurance coverage. We will be responsible for any amount that the insurance company does not pay that RCC is not required to write off due to contracts for discounted fees that RCC may have with the insurance company. Anesthesia does not contract with any insurance carriers. The anesthesia fees will be billed through their separate billing company. The itemized anesthesiologist fees are approximately \$600. Depending on our insurance coverage and required co-pay, it may be less expensive to pay the prepaid cash price of \$275.
- (5) **Insurance billing (RCC non-contracted Health Insurance Carrier offering applicable infertility treatment benefits).** All appropriate charges will be itemized and billed to insurance. Depending on our insurance coverage and required co-pay, it may be less expensive to pay the prepaid cash price of \$18,000 or we may want to consider the Safeguard Payment Plan. We will be responsible for any amount that the insurance company does not pay unless we choose the Safeguard Payment Plan.
- (6) **Safeguard Payment Plan** of \$11,209. Reproductive Care Associates, PC (RCA) and Reproductive Care Center, PC (RCC) are separate and distinct legal entities that offer different services and have different tax identification numbers. Our physicians are contracted employees with each separate company to provide specific services. Patients are allowed to select the safeguard option for advanced reproductive services offered by RCC because RCC (and their physician employees) is not contracted with their insurance company. The safeguard price is only available to patients whose insurance company is not contracted with RCC but have infertility benefits for full coverage of Donor Egg IVF and associated procedures. Due to the difficulty in determining in advance what percent of the usual charges many insurance companies will cover for advanced reproductive services this option enables patients in this situation to determine in advance the maximum anticipated costs so they can decide whether to initiate treatment. We understand that the payment is due in advance. Our insurance company may send us an explanation of benefits (EOB) that tells us that RCC is contracted and that RCC is required to write off a certain amount of the charges. **By**

**signing this agreement we are accepting the fact that RCC is not contracted with our insurance company as noted above and RCC will not be responsible for nor be bound to a contract that they have not made.** We also agree that we have had the opportunity to discuss this with a financial staff member at Reproductive Care Center and all of our questions have been answered.

We agree to the guidelines stated above and we have selected:

1.  Donor Egg Money Back Guarantee Package Plan with premiums: \$ \_\_\_\_\_
  - a. Donor egg cycle fees due with each cycle (if applicable):
    - i. Refundable option to cover up to 4 fresh cycles - \$12,991 \$ \_\_\_\_\_
    - ii. Non-refundable option for 1 sole match fresh cycle - \$4,131 \$ \_\_\_\_\_
    - iii. Non-refundable option for 1 anonymous fresh cycle when donor is provided by the recipient or a known egg donor - \$2,170 \$ \_\_\_\_\_

Includes embryo cryopreservation (groups), storage and all associated frozen embryo transfers as outlined in the contract.

  - b. Initial anesthetist fee (separate check to Wayne Riding) - \$275** \$ \_\_\_\_\_  
**An additional fee will be required for each sedation needed.**
2.  Global Donor Egg Single Fresh IVF Fee Cycle (basic) - \$12,738 \$ \_\_\_\_\_
  - a.  Primary (owes anesthetist fee)
  - b.  Secondary (anesthetist fee not required)
3.  Global Split Donor Egg Single Fresh IVF Fee Cycle (basic) - \$18,342 \$ \_\_\_\_\_
4. Insurance Company \_\_\_\_\_ \$ \_\_\_\_\_
  - a.  Contracted carrier estimated basic co-payment - \$4,076 \$ \_\_\_\_\_
  - b. **Non-contracted** carrier with confirmed IVF infertility benefit
    - i.  Downpayment (basic) for non-contracted carrier - \$7,133 \$ \_\_\_\_\_
    - ii.  SafeGuard Payment Plan (basic) for a non-contracted carrier as per section 5 above - \$11,209 \$ \_\_\_\_\_
  - c. Anesthetist fee with insurance (choose one)
    - i.  **Anesthetist fee (separate check to Wayne Riding)- \$275** \$ \_\_\_\_\_
    - ii.  **Anesthetist fee (please have them bill insurance)** \$ \_\_\_\_\_
5. Common additional applicable fees or co-payments needed for #2, #3 or #4 above:
  - d.  Anesthetist fee (separate check to Wayne Riding) - \$275 \$ \_\_\_\_\_
  - e.  Credit for paid matching fee if applicable - \$510 \$ \_\_\_\_\_
  - f.  Credit for use of a known donor if applicable - \$2,547 \$ \_\_\_\_\_
  - g.  Personal IVF training (if unable to attend class) - \$ \_\_\_\_\_
  - h.  Intracytoplasmic sperm injection (ICSI) - \$1,200 \$ \_\_\_\_\_
  - i.  Testicular aspiration (TESE) (needle) - \$1,131 \$ \_\_\_\_\_
  - j.  TESE (open biopsy) -\$1,630 \$ \_\_\_\_\_
  - k.  Preimplantation Genetic Diagnosis (PGD) - variable \$ \_\_\_\_\_
  - l.  Embryo biopsy for PGD - \$2,038 \$ \_\_\_\_\_
  - m.  Extended embryo culture - \$204 \$ \_\_\_\_\_
  - n.  Sperm cryopreservation for backup - \$336 \$ \_\_\_\_\_
  - o.  Embryo cryopreservation (groups) - \$650 \$ \_\_\_\_\_
  - p.  Embryo cryopreservation (single embryo) - \$976 \$ \_\_\_\_\_
  - q.  Embryo storage (1 year) - \$430 \$ \_\_\_\_\_
  - r.  Gestational Surrogate - \$ \_\_\_\_\_
  - s.  Other \_\_\_\_\_ \$ \_\_\_\_\_
  - t. Total** \$ \_\_\_\_\_

We understand that if we choose the Global Donor Egg Single Fresh IVF Cycle Fee or Donor Egg Money Back Guarantee Package Plan option that RCC will not help us bill our insurance company. We understand the discounted pre-paid Global Donor Egg Fresh IVF Cycle Fee price is available because significant administrative costs are saved when charges are not itemized and insurance billed. We accept responsibility for payment of services that are excluded from the Global Donor Egg Single Fresh IVF Cycle Fee or Donor Egg Money Back Guarantee Package Plan that we have had or will have rendered.

We understand that if we select the Insurance option (contracted carrier) that we must pay our down payment (estimated co-pays and deductibles) to RCC prior to starting medication such as Lupron or FSH. If we select the Insurance option (non-contracted carrier) we must pay our down payment or the SafeGuard Payment Plan to RCC prior to starting medications. If the insurance pays us directly we agree to immediately pay RCC for the charges we are responsible for. If payment is not received within 30 days of our receipt of the payment from the insurance company interest will be assessed at 18% APR (from the date medication was started). Additionally we understand that if we select the insurance option without the SafeGuard plan, we cannot switch to the pre-paid Global Donor Egg Single Fresh IVF Cycle Fee option if the insurance company pays less than anticipated.

We have received and reviewed a copy of the Reproductive Care Center, PC (RCC) "Donor Egg and Frozen Embryo Transfer Financial Policy" and all of our questions have been answered.

Wife \_\_\_\_\_

Date \_\_\_\_\_

Husband \_\_\_\_\_

Date \_\_\_\_\_

Administrative \_\_\_\_\_

Date \_\_\_\_\_